

Scope of review:

All DDP-funded services provided by Resource, Support, and Development, Inc. were reviewed on an on-going basis during the year and as part of this Quality Assurance Review. Included in this report are the results of on-site visits to all program sites, a review of Individual Planning paperwork and program data for a 10% sample of consumers served, staff questionnaire surveys with staff at all program locations, a review of criminal background checks and orientation training, and a review of the RSD Policy and Procedures Manual.

General areas

A. Administrative

Significant events from the agency:

- One individual from MDC was placed in a standard group home in Red Lodge as a port opportunity.
- The manager of Billings Activity Program “retired” and BAP thus acquired a new manager.
- RSD applied for, and was awarded a proposal to develop a new six-person group home/duplex, as part of an expansion to move people from the Montana Developmental Center into the community. Construction of the new group home is currently underway, with expectations that the people will be able to move from MDC into their new home sometime soon after the new year (2005).
- Community Supports services were expanded by three individuals—two in Roundup and one in Harlowton.

Policies and administrative (DDP) directives:

- The RSD Policy and Procedure Manual was reviewed and found to be in substantial compliance with DDP requirements and directives.
- Orientation and training records for seven staff were reviewed and it was ascertained that RSD was providing the orientation and training outlined in the policy manual. The records of several staff were found to contain sections where the staff were required to write in their own words what they had learned on various training topics (QAOS #3). We felt that this was an excellent way to determine whether or not the information provided in a training session was in fact being absorbed by the person, and would recommend that this practice be expanded to include more employees and more training topics.
- Criminal background checks were reviewed for a sample of five recently hired staff, and all five were found to have completed criminal background checks on file.
- Documentation of evacuation drills was reviewed with no deficiencies noted.

Licensing

- All group homes operated by RSD were found to have current licenses issued by the Quality Assurance Division. No deficiencies nor corrective plans of action were noted.

Accreditation

- Accreditation is no longer a contract requirement, and RSD has decided not to pursue further accreditation with CARF.

Agency internal communication systems:

-RSD is a large corporation with satellite offices in four different communities. Management meetings are held on a monthly basis with representatives from each of the program sites in attendance. It is felt that RSD does a satisfactory job of maintaining internal communications over a wide geographic area.

Fiscal:

-DDP received Resource, Support and Development's (RSD) year end financial reports on 9/25/03 detailing DDP related income and expenses for Fiscal year ending 6/30/03.

There were no issues nor problems with the financial report. Their FY '04 year end financial report was received on 9/30/04 and has been submitted to DDP Central Office for review.

-On February 09, 2004, the DPHHS Audit Bureau issued their desk review of RSD's A-133 independent Audit Report for FYE 6/30/03. The desk review revealed that the audit was acceptable and that there were no material findings nor questionable costs. Further, there were no 'findings' in the DDP compliance report. RSD's FY '04 Independent Audit is not due until March 01, 2005.

Appendix I

-There were no Appendix I tasks mutually negotiated between QIS's and RSD on which to report.

Specific services reviewed**A. Residential****Accomplishments**

-As mentioned above, RSD applied for, and received a grant to expand services by creating a new group home to allow six individuals from the state institution to move into the community. This project is expected to be completed early in 2005.

-One individual moved from MDC to Red Lodge as a port opportunity.

-It must be noted that the rotting floors in the bathrooms in the Beartooth Group Homes have finally been replaced after a long drawn out process regarding contractors.

Programmatic deficiencies

-No significant programmatic deficiencies were identified.

Corrections to deficiencies

-No corrections to deficiencies was required.

I. Health and safety**Vehicles**

-RSD has an active vehicle inspection program. A comprehensive checklist is used to inspect all vehicles internally on a monthly basis and externally on a quarterly and annual basis. Staff receive orientation training prior to driving agency vehicles.

Consumers

-RSD does an excellent job of meeting the health and safety needs of the consumers they serve. Consumers have regular physical and dental examinations

and receive prompt medical attention as situations warrant.

-RSD has an active safety committee which meets regularly to analyze health and safety issues throughout the agency and make recommendations for improvement. The committee furthermore follows-up on recommendations to determine whether or not suggested changes have been implemented. It was noted, however, that typically the same person conducts these inspections at each site. It would be better to interchange these duties among staff so as to get fresh perspectives.

-At Snowy Mountain Apartments in Lewistown, evacuation drills have been conducted on a regular basis. However, in one instance where smoke from a pan on a kitchen stove set off the fire alarm, all residents of the apartment complex except the two individuals in whose kitchen the smoke set off the alarm immediately and independently evacuated the building. As a result of this incident, training objectives were developed for the two individuals who did not immediately evacuate the building.

-A QAOS sheet dated 10/7/04 commendation was given to Big Horn Industries for having in-depth descriptions available for each individual regarding bathing supervision needs. The information is available in a manual which is located right in the bathroom in a holder...a very good system, which allows for ready access by staff in the bathing area.

Medication safety

-Medication logs were reviewed at all program sites, with no deficiencies noted. All staff who were assisting with medication administration were found to be certified to do so. Commendation is offered to the staff at Snowy Mountain Industries, Billings Training Industries, Billings Activity Program, and Big Horn Industries for the use of a Medication Response Log, which documents a person's response to a newly prescribed medication. This form cues staff to be on the alert for medication side effects and also helps them determine whether or not the prescribed medication is having the intended effect (QAOS #1 &2). At all program sites medications were found to be properly stored in locked cabinets.

-At Big Horn Industries it was noted that PRN protocols are in the process of being developed. It is advisable that PRN protocols be reviewed/altered at least yearly at all sites to determine if still applicable, given changes in prescribed medications or other physical changes.

Medication errors by site:

-Beartooth Industries:	21 errors-	(Includes group home errors)
-Big Horn Industries:	1 error	(Includes group home errors)
-Lake Elmo Group Home:	10 errors	
-Mount Pleasant Group Home:	4 errors	
Snowy Mountain Apartments:	2 errors	

Sites:

-All residential program sites were visited during the course of this review on a monthly basis throughout the year.

-The interior of the Mount Pleasant Group Home is much more "homey" in

appearance than it has been in the past, with more pictures on the walls, and this is a credit to the staff currently working there.

II. Service planning and delivery

Individual planning (assessment, implementation, monitoring)

-Individual Plans and the implementation of service and training objectives were reviewed for a 10% sample of individuals served at each residential program location. All plans were found to be based on individual desires and agency assessment data and objectives were being implemented as specified in the Individual Plans.

-At the Lake Elmo Group Home, the program books were very well organized, and information was very easy to find.

-For one individual at Snowy Mountain Apartments (CS), assessment data indicated that the individual needed assistance with personal hygiene and self-care, yet this was not addressed as part of the Individual Plan. When staff were interviewed regarding this, it was learned that these needs were being met with Personal Care Assistance provided by a Home Health Care agency. It is recommended that when certain needs are being met by an outside source, that this be documented in the IP Summary notes so that it is clear that the needs are being addressed.

-Client profiles at Beartooth Industries are being revised to better match their individual assessments as they relate to the MONA's.

-At Beartooth Industries each group home has a meeting at least quarterly to provide consumers the opportunity to develop home plans and make their own house rules.

Leisure/recreation

-Leisure and recreation logs were reviewed at all program sites. Recreational and leisure activities were being documented per contract requirement; however, it is felt that staff could be more creative in offering a wider variety of activities in order to broaden the repertoire of activities to engage in. For instance, it was noted that one individual engaged in the same age appropriate activity that she has done for years, and there was no indication that staff offered alternatives in order to expand her interests.

Client rights

-RSD has historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary. As noted in last year's review, RSD has developed information regarding client rights that defines rights and responsibilities in user-friendly language. A QAOS sheet was given to Big Horn Industries dated 9/27/04 indicating that BHI needs to develop a system to document opportunities to make choices to demonstrate self determination. (A response was received dated 10/11/04 which specified that staff were to document consumer choices and self-determination activities.)

Medical/health care

-As mentioned above, RSD ensures that individuals receive prompt and adequate

medical and health care.

Emotionally responsible care giving

-Staff to client interactions were observed throughout the year during drop-in on-site visits and as part of this review, and staff were consistently observed to be interacting with consumers in a caring, emotionally responsible fashion. In addition, during staff interviews, all staff reported that they had been adequately trained to perform their job duties.

Consumer surveys

-Consumer surveys conducted by individual case managers were reviewed for each individual in the 10% sample, and all surveys indicated satisfaction with services and no deficiencies.

Agency's consumer satisfaction surveys

-During the course of the year, RSD conducted consumer satisfaction surveys and developed goals and objectives to address needs identified through the surveys (QAOS # 4)

III. Staffing

Screening/hiring

-The RSD policy manual has detailed instructions for screening and hiring of new employees. Personnel records for five recently hired staff were reviewed and all were found to contain completed criminal background checks.

Orientation/training

-Personnel records for seven staff were reviewed and found to contain detailed documentation of orientation and training. See also comments above. The staff who were interviewed indicated that they felt they had been adequately prepared to perform their job duties.

-Profiles of each individual served have been developed at the Beartooth Industries Group Homes and are used as part of staff orientation to acquaint each new staff person with the individuals in their care.

Ratios

-Staff to client ratios were checked on a monthly basis at various times throughout the year and were found to be in compliance with the following exception: A QAOS sheet dated 10/14/04 stated that Cooper had insufficient staff at 3:25 on 10/14/04. (QAOS sheet 10/19/04 response indicated staff was late because of baby sitter problems.)

Staff surveys

-A sample of staff at each program location were questioned using the staff survey and all staff were able to adequately respond to questions in all sections of the survey. No deficiencies were noted.

IV. Incident management

APS:

The following is the listing and outcomes of APS referrals for RSD services and programs:

-Beartooth Industries:

July 9, 2004 - Referral alleging mistreatment of CL by GH staff. The conclusion

was that the investigation revealed no physical injury, but that the incident did occur and there were questionable physical and verbal interactions. There were four recommendations. RSD was requested to respond in writing and have done so satisfactorily.

August 17, 2004 - Referral alleging staff neglectful in providing proper care of individual. The finding was that no physical injury resulted so was not a matter for APS to investigate.

-Big Horn Industries:

July 27, 2004 - Referral alleging sexual abuse of JS. The result of the investigation was that it was closed with a finding of Adult Maltreatment not indicated there were no recommendations.

-Billings Activity Program:

No incidents of Abuse, Neglect, or Exploitation were reported to APS.

-Lake Elmo Group Home:

No incidents of Abuse, Neglect, or Exploitation were reported to APS

-Billings Training Industries:

No incidents of Abuse, Neglect, or Exploitation were reported to APS.

-Snowy Mountain Industries:

June 22, 2004-referral alleging physical abuse of AL by consumer WR.

Allegation was not substantiated. AL and WR will receive individual counseling and also, joint counseling if they continue to date.

Incident Reporting

-Throughout the year all program sites submitted required incident reports in a timely fashion with no deficiencies nor trends in failure to report noted.

B. Work/day/community employment

Accomplishments

- Two individuals ported work/day services from another agency to BTI.
- The number of people who have employment opportunities in the community increased from 69 to 76.
- The average wage consumers earned increased in each of the five work programs.
- Billings Activity Program exceeded their goal to provide at least 15 community-integrated activities with an average of 20 activities offered.
- Billings Activity Program has internally rearranged areas making the building much more functional.

Programmatic deficiencies

- No programmatic deficiencies were noted.

Corrections to deficiencies

- No corrections to deficiencies was required.

I. Health and safety

Vehicles

- See above under residential

Consumers

-See above under residential

Medication safety

-See above under residential.

Medication errors by site:

-Billings Activity Program: 0 errors

-Snowy Mountain Industries: 8 errors

Sites

-All work/day program sites were visited during the course of the year and as part of the annual Quality Assurance Review.

-At Snowy Mountain Industries it was noted that the cloth towel dispensers in the rest rooms were unsanitary; the one in the men's room was actually broken (QAOS # SMI 1. New paper towel dispensers have been ordered). It should be noted that Beartooth Industries also utilizes a cloth towel dispenser which I have on occasion noted to be broken with the cloth toweling on the floor. It is advised that an alternative be found to insure health.

-Also at Snowy Mountain Industries, it was noted that the picnic tables outside had been repaired and painted and are now much more inviting and usable than they have been in the past.

II. Service planning and delivery

Individual planning

-Individual records for a 10% sample of individuals served were reviewed at each of the work/day program sites with no deficiencies noted. All plans were found to be based on individual desires and assessment data and objectives were being implemented as specified in the Individual Plans.

-At both the Billings Training Industries sites there was evidence of excellent monitoring for a large number of service and training programs.

Leisure/recreation

-Leisure and recreation logs were reviewed at each work/day program site with no deficiencies noted.

-Snowy Mountain Industries has a very active recreation program with most individuals taking part in a variety of community activities.

-Billings Training Industries sites strive to offer consumers opportunities for community activities, and some consumers have individual goals to expand the number of monthly community outings.

Client rights

-See above under residential

Medical/health care

-See above under residential.

Emotional responsible care giving

See above under residential.

Consumer surveys

-See above under residential.

Agency's consumer satisfaction surveys

-See above under residential.

III. Staffing

Screening/hiring

-See above under residential.

Orientation/training

-See above under residential.

Ratios

-During monthly drop-in visits throughout the year and as part of this review, staff to client ratios were checked and found to be in compliance with the following exception: QAOS sheet dated 10/26/04 reflects that during the course of a visit to Beartooth Industries day program that there were 19 individuals with one staff person which is out of compliance with the 1:5-1:7 ratio established in the contract. A response due by 11/10/04.(Response received 11/09/04 findings closed).

Staff surveys

-See above under residential.

IV. Incident Management

APS

-See comments above under residential.

Incident reporting

-See above under residential.

C. Community Supports

Accomplishments

-RSD expanded its Community Supports Services by three individuals; one in Harlowton, and two in Roundup.

Programmatic deficiencies

-No programmatic deficiencies were noted.

Corrections to deficiencies

-No corrections to deficiencies was required.

I. Health and safety

Vehicles

-See above under residential.

Consumers

-The health and safety needs of all consumers receiving Community Supports from RSD are being adequately addressed. One individual (GB) who lives independently in Harlowton has been very reluctant to allow staff to enter his apartment. Through recreational outings and informal lunches, staff have been

methodically and patiently working with this person to get him to develop trust in them, and are making progress with him to gain access to his apartment and assist him with personal hygiene and cleaning the apartment. They were also successful in getting him to a long-overdue visual appointment.

Medication safety

-None of the Community Supports agreements include provisions for assisting with medication administration.

Sites

-All individuals served live independently or with family, so on-site visits to residences were not included in this review. For comments regarding on-site visits to day programs Community Supports recipients attend (Snowy Mountain Industries and Beartooth Industries), see above under Work/Day.

II. Service planning and delivery

Individual planning

-Documentation of individual planning and implementation was reviewed for five of the six individuals served, and all plans were found to be based on agency assessment data and addressed issues identified in the Essential Needs Assessment. All plans were being implemented as specified in the Individual Plan agreements. See also comments above under consumer health and safety for GB.

Leisure/recreation

-Several of the Community Supports agreements and plans emphasize leisure and recreation activities, and a wide variety of such activities are being offered to participants.

Client rights

-No issues concerning client rights were identified for the individuals served in the Community Supports Program.

Medical/health care

-Medical and health care needs were found to be met for individuals served.

Emotionally responsible care giving

-See comments above under residential.

Consumer surveys

-Consumer surveys for all individuals served in the Community Supports Program were reviewed with no deficiencies noted. All surveys indicated that the individuals were pleased with the services they were receiving and that the services were meeting their needs.

Agency's consumer satisfaction surveys

-See above under residential.

III. Staffing

Screening/hiring

-See above under residential

Orientation/training

-See above under residential.

Ratios

Not applicable.

Staff surveys

-See above under residential

IV. Incident Management**APS**

-No referrals to ASP were made involving individuals served in the Community Supports Program.

Incident reporting

-See above under residential.

D. Transportation

RSD does not provide transportation through a DDP-funded contract. See comments above under residential for vehicle safety.

Follow-up on recommendations from last year's Quality Assurance Report:

The following recommendations were contained in the Quality Assurance Report dated 11/21/03:

-Formalize staff satisfaction surveys in the Policy Manual.

This was not found in a review of the Policy Manual this year.

-Develop better criteria for administering PRN medications at Lake Elmo Group Home.

Criteria for administering PRN medications was much better defined this year.

-Develop a process to assure that a supervisor reviews data at Crawford Group Home:

At Big Horn Industries the method to internally monitor objectives is that the trainer does the quarterly report and the supervisor checks the report against program data and then signs off as acceptable.

-Develop more work opportunities for consumers:

The number of consumers working in the community increased from 69 to 76.

-Offer "refresher" courses in DDCPT topics:

The agency set a goal of providing two training sessions; one was actually held. Keep in mind that we, as QIS's are also available to help with such training.

Conclusion**Findings closed**

All findings identified through Quality Assurance Observation Sheets are closed.

Findings open/plan of correction

-No findings remain open, and no plans of correction are required.